

ALERT #9 - Timing of CSHCS/Medicaid enrollment
Fri 8/3/2012

We are aware of (and have experienced ourselves) some confusion with the timing of moving the CSHCS/Medicaid population into Medicaid Health Plan (MHP) enrollment to receive their medical care and treatment. There are also timing issues related to adding CSHCS coverage for those who are determined eligible by the DCH medical consultants while the clients remain enrolled in the MHP. These processes have been developed to occur in stages due to the volume and the multiple types of groups making one of these transitions.

Let's start with what changed on August 1, 2012:

Only those with CSHCS/Medicaid AND in an MHP will experience a change in CSHCS procedures beginning August 1, 2012. Nothing changed for the CSHCS only population or for the CSHCS/Medicaid population that is in the FFS system as of August 1, 2012.

Effective August 1, 2012, CSHCS stopped sending the CSHCS application to any person who is currently in an MHP. This change is intended to reduce the amount of confusion that would occur if they were to get CSHCS coverage and then be automatically disenrolled from the MHP just to be told that they have to re-enroll shortly after all of this happens. We will hold the medical eligibility status for these applicants until we enroll them in CSHCS effective October 1, 2012 while remaining in their MHP.

It is possible that there will still be a few applications being mailed out after August 1, 2012 due to medical reports that were received/approved in July (before the August 1, 2012 cut-off date). These submissions are still being honored under the old rules.

Two or more groups/types of MHP enrollees will have CSHCS coverage added according to the following rules:

- 1) MHP members who have already been determined medically eligible for CSHCS in the past but chose not to enroll in CSHCS are being identified. CSHCS coverage will be effective April 1, 2013.
- 2) There are MHP enrollees that would have been eligible for CSHCS in the past (prior to August 1st) yet there was never a medical report submitted on their behalf. When the medical consultants determine that an MHP enrollee was medically eligible for CSHCS before August 1, 2012 but no medical report had been submitted, that enrollee will also receive CSHCS coverage effective April 1, 2013.

Submission of medical reports on behalf of MHP enrollees will continue beyond these dates. We are just establishing these dates for the initial transition of the current populations.

Beginning October 1, 2012, MICHIGAN ENROLLS (MHP enrollment contractor to DCH) will begin to contact those with CSHCS/Medicaid about needing to choose an MHP. Families (except those in the U.P.) will get a letter and then about 30 days later they will get a reminder letter if they have not yet chosen an MHP. The earliest possible MHP effective date will be November 1, 2012. If MICHIGAN ENROLLS still does not hear from the family, the CSHCS client will be automatically enrolled into an MHP. They will have 90 days to change that enrollment to a different MHP if they so choose. CSHCS clients in the U.P. will only receive a letter indicating the effective date of their enrollment in the U.P. Health Plan since there is no choice of MHPs to be made in the U.P.

I hope this helps to clarify some of the processes that have just begun.